



If you are a business owner, or self-employed, then Disability Insurance Elective Coverage may be for you!



STATE OF CALIFORNIA

LABOR AND WORKFORCE
DEVELOPMENT AGENCY

EMPLOYMENT DEVELOPMENT
DEPARTMENT

EDD is an equal opportunity employer/program.

Special requests for alternate formats need to be made by calling (800) 480-3287.

DISABILITY INSURANCE ELECTIVE COVERAGE

*A SAFETY NET FOR THE
BUSINESS OWNER
OR SELF-EMPLOYED*



Protect your most valuable assets- your ability to earn an income

As someone whose livelihood depends on your ability to run a business, what would happen if your income stopped because you were sick, injured, or pregnant and could not work? Could you do without your income even temporarily?

A financial safety net

The Disability Insurance Elective Coverage (DIEC) program offers a safety net to business owners or self-employed individuals. Premiums are based on net profits as declared on the Internal Revenue Service Form 1040 Schedule SE. Benefits range from \$51 to \$728 per week.

Consider the benefits

- Provides protection against loss of income due to injury, pregnancy, or illness - whether or not it is work-related.
- Offers up to 39 weeks of benefits.
- Costs less per year than two weeks of benefits.
- Automatic coverage in California's Paid Family Leave (PFL) insurance program, which provides up to six weeks of benefits to care for a seriously ill parent, child, spouse, or domestic partner, or to bond with a new child (Beginning July 1, 2004).

For more information about State Disability Insurance, call (800) 480-3287 or for information about PFL insurance benefits, call 877-BE-THERE.

Major Requirements

- You must own your own business or be self-employed.
- You must be performing your normal duties on a full-time basis at the time your application is submitted.
- You must derive the major portion of your income from your trade, business, or occupation.
- Your business cannot be seasonal.
- You must stay in the program for two complete calendar years unless you discontinue your business or move out of California.

Benefit Eligibility

Generally, you must have this insurance coverage for at least six months before you are eligible to file a claim.

If you are interested in more information about this program and would like an application, please call (916) 464-2500, complete and mail the attached form, or visit EDD's Web site at:

www.edd.ca.gov

Please send me more information and an application for DI Elective Coverage.

Name _____

Street Address _____

City _____

State _____ Zip Code _____

E-mail Address _____

Please have someone call me at () _____

Detach this portion and mail to the following address:

State of California
Employment Development Department
FACD-Central Operations, MIC 94
PO Box 826880
Sacramento, Ca 94299-9980